[redacted]

FILED: JAN 30, 2024 02:08 PM
OREGON SECRETARY OF STATE

UCC LIEN NO. 93775061 JAMES, BENJAMIN DORN

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT SUBMITTER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9310 - PATTERSON

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

97083128
OROR

File with: Secretary of State, OR

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
James	Benjamin	Dornath			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE		COUNTRY
6455 NE Pettibone Dr	Corvallis	OR	97330		USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE		COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME					
Patterson Dental Supply Inc					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE		COUNTRY
1031 Mendota Hgts. Rd.	St. Paul	MN	55120		USA

4. COLLATERAL: This financing statement covers the following collateral:
See Attached Schedule A

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
97083128 448 201029998

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

PATTERSON DENTAL

INVOICE

Order #	Pack Slip #	Invoice #
0621441813	8027766300	3029380467

SHIP TO

Honeymint Pediatric Dentistry
1025 BAIN ST SE
ALBANY OR 97322-5247
US

SOLD BY

Patterson Dental Supply, Inc.
7620 SW BRIDGEPORT RD
PORTLAND OR 97224-7700
US

Ship Date : 01-26-2024 11:17:02 AM
Invoice Date : 01-26-2024
Customer P.O. :
Shipped From:
Patterson Dental Supply, Inc.
7620 SW BRIDGEPORT RD
PORTLAND OR 97224-7700
US

Customer #: 0201029996 Bill Cust #: 0201029998
Loyalty Status: Preferred

Telephone: (503) 670-0456
Representative: John Lauerman

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	TAX
101638945	2.000	2.000	EA	CEFLA	W7R7MINTNP5	R7 MODULAR INTERNATIONAL	$ 14965.72	$ 29931.44	
						Serial # 71RY0211			
						Serial # 71RY0216			
101644349	2.000	2.000	EA	CEFLA	772R6137	KIT UPHOL CHAIR W/LARGE BACKREST & HR B	$ 0.00	$ 0.00	
101643229	2.000	2.000	EA	CEFLA	90019158	I-MMS LED MICROMOTOR MODULE	$ 1822.86	$ 3645.72	
						Serial # AMGN0047			
						Serial # AMGN0037			
101654869	1.000	1.000	EA	CEFLA	73120050	S8 STOOL W/ARMREST & FT RING NO UPHOL	$ 0.00	$ 0.00	
						Serial # 73122651			
101654918	1.000	1.000	EA	CEFLA	77302137	UPHOLSTERY KIT S8 SATIN SILVER	$ 0.00	$ 0.00	
101654866	1.000	1.000	EA	CEFLA	73110000	S7 DR'S STOOL w/BACKREST NO UPHOLSTERY	$ 0.00	$ 0.00	
						Serial # 73114631			
101654898	1.000	1.000	EA	CEFLA	77301137	UPHOLSTERY KIT S7 SATIN SILVER	$ 0.00	$ 0.00	
101654866	1.000	1.000	EA	CEFLA	73110000	S7 DR'S STOOL w/BACKREST NO UPHOLSTERY	$ 0.00	$ 0.00	
						Serial # 73113728			
101654899	1.000	1.000	EA	CEFLA	77301121	UPHOLSTERY KIT S7 ANTHRACITE GRAY	$ 0.00	$ 0.00	
101654869	1.000	1.000	EA	CEFLA	73120050	S8 STOOL W/ARMREST & FT RING NO UPHOL	$ 0.00	$ 0.00	

Terms of Payment
APAK Funded

Remit Payment to :
Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75373-2865

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.

PATTERSON DENTAL

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Customer #: 0201029996 Bill Cust #: 0201029998
Loyalty Status: Preferred

Telephone: (503) 670-0456
Representative: John Lauerman

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	TAX
						Serial # 73122670			
101654919	1.000	1.000	EA	CEFLA	77302121	UPHOLSTERY KIT S8 ANTHRACITE GRAY	$ 0.00	$ 0.00	

Total	14	14

Terms of Payment
APAK Funded

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Dallas TX 75373-2865

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Sub Total		$ 33577.16
Local Tax	0%	$0.00
State Tax	0%	$0.00
Freight		$ 400.00
Total		$ 33977.16